

Education Oversight Committee

Survey of Act 135 Parenting/Family Literacy Programs

NOTE: Data collected from this survey will not be used to identify individual school districts in any reports. District specificity is important in guaranteeing a representative sample and in addressing issues of geography and size.

School District: _____

Coordinator: _____

1. What is the district program model used in your district?

_____ Even Start Model Family Literacy

_____ Parenting Education Only (Please indicate which particular parenting program is used.)

Parents as Teachers _____

Parent-Child Home _____

Other (Specify) _____

2. How is the program model implemented in your district? Please check one of the following responses and provide any other description as needed.

_____ The program is completely adapted to the individual needs of our community.

_____ The program is moderately adapted to the individual needs of our community.

_____ The fidelity of the program model is completely maintained.

Comments: _____

3. In general, please check below the characteristics of those preschool or child care facilities which provide services to children whose parents participate in your family literacy program. Please check all that apply.

_____ Well-trained, caring child care workers

_____ Safe physical environments

_____ Adequate nutrition to children

_____ Provide stimulating play environments with age-appropriate or educational toys

_____ High caregiver-child ratios

_____ Accessible to reliable transportation

_____ Licensed or ABC-enhanced

_____ Other (Specify) _____

4. What strategies do you implement to recruit parents of at-risk children into your program? Please check all that apply.

☐ Word of mouth
☐ Distribution of written materials
☐ Public service announcements
☐ Referrals from other agencies (Please list agencies _____)
☐ Other (Specify) _____

5. The Department of Education provides guidelines for implementing Act 135 Parenting and Family Literacy programs that include criteria for defining at-risk children. Does your district target or prioritize its Act 135 Parenting and Family Literacy services to the parents of children from any of the following at-risk populations? Please check all that are targeted.

☐ Parents/guardians of children enrolled in early childhood education
☐ First-time parents
☐ Single parents
☐ Teen Parents
☐ Parents/guardians with low literacy and/or low educational attainment
☐ Hispanic parents/guardians
☐ All of the above
☐ None of the above
☐ Other (Specify) _____

6. How many families are currently on a waiting list for parenting/family literacy services in your district? _____

Using the Department of Education guidelines for implementing Act 135 Parenting and Family Literacy programs that include criteria for defining at-risk children, of the total number of families on the waiting list, what percentage of these families have at-risk children? Please check only one of the following responses.

☐ 100% are at-risk
☐ Between 75 and 100%
☐ About 50%
☐ Less than 50%
☐ Do not know

7. Does your district maintain demographic information on participants and their children? _____

Is the information shared with other educators or providers during referrals for service? _____

If yes, with whom is it shared? _____

8. What is the average case load for staff providing direct services to parents? _____

In your opinion, is this case load appropriate for the number of clients to be served? _____

If no, in your opinion, what would be a more appropriate case load for each provider? _____

9. Please indicate the total *number* of paid full-time and paid part-time staff who have the corresponding education level of the staff.

Total Number of Full-Time Staff Having:

Less than High School Diploma _____
 High School Diploma _____
 Associate Degree _____
 Four-Year College Degree _____
 Advanced Degree _____

Total Number of Part-Time Staff Having:

Less than High School Diploma _____
 High School Diploma _____
 Associate Degree _____
 Four-Year College Degree _____
 Advanced Degree _____

10. Please complete the following table to show how the Act 135 parenting/family literacy program in your district collaborates with agencies or organizations in the community. Please check the level of collaboration that best describes the relationship between your program and the entity using a scale of 0 to 5. Check only one number on the scale for each entity listed. Please identify any "other" entities and give examples of such collaboration.

- 0 = No collaboration
 1 = Sharing of information only
 2 = Coordination of services (transportation, scheduling, etc.)
 3 = Share resources (people, work space, funding, etc.)
 4 = Share activities (training, planning, grant writing, etc.)
 5 = Integration (combine or modify program components to achieve shared goals)

ENTITY	0	1	2	3	4	5	EXAMPLES
First Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Head Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family Literacy Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faith-based Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DHEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(Collaboration Process, A.T. Himmelman, Minneapolis, MN: Himmelman Consulting Group, 1996)

11. In your opinion, how could your district's parenting/family literacy program be improved? Please check all that apply.

- _____ More funding for _____ (Please specify)
 _____ More collaboration between federal, state and local programs
 _____ More qualified training opportunities for staff
 _____ More intensive efforts to recruit parents of at-risk children
 _____ More support and leadership from local community
 _____ Other (Specify) _____

Comments: _____

12. What quantifiable evidence do you have to show the effectiveness of parenting or family literacy programs? For example, in your school district, what impact has the program had on school readiness, student academic achievement, on parental involvement in public schools, etc.? Please be specific.